FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION		
1 Ottom 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name Example: over the line)	If typying, type nes 12FE4M5	
Alston & Bird	PAC		
ADDRESS (number and s	The Atlantic Building		
(Check if address is changed)	950 F Street, NW		
	Washington		
	CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	kathryn.marks@alston.com		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE M M M O 3	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	723	
4. IS THIS STATEM		AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belie	ef it is true, correct and complete	
Type or Print Name of	Freasurer Kathryn Marks		
Signature of Treasurer	Electronically Filed by Kathryn Marks	Date 0;	3 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the per		
Office Use Only	Fede	further information contact: eral Election Commission Free 800-424-9530	FEC FORM 1 (Revised 02/2009)